COMBINED DECLARATION and POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION2

Method and Apparatus for Facial Image Acquisition and Recognition

SPECIFICATION IDENTIFICATION

the specification of which:	omplete (a), (b), or (c))
(a) [x] is attached hereto.	
(b) [] was previously filed _ Serial No	, as United States Patent Application
(c) [] was previously filed	, as PCT International Application No. and was amended under PCT Article § 19 on (if any).

I hereby state that I have reviewed and understand the contents of the above-identified application, including the claim(s), as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose all information which is material to patentability as defined in 37 C.F.R. § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

FOREIGN PRIORITY CLAIM

I hereby claim foreign priority benefits under Title 35 U.S.C. § 119(a)-(d) or (f) or § 355(b) of any foreign application(s) for patent or inventor's certificate, or § 355(a) of any PCT international application(s) which designated at least one country other than the United States of America listed below and have also identified, by checking the box, any foreign application(s) for patent or inventor's certificate or any PCT international application(s) having a filing date before that of the application(s) on which priority is claimed.

(complete (d) or (e))3

before that of the application(s) on which priority is claimed.

(complete (d) or (e))3

(d) [] no such applications have been filed.

(e) [x] such applications have been filed as follows.

Note: Where item (c) is entered above and the International Application claims priority to a non-U.S. application, check item (e), enter the non-U.S. priority details below, and make the priority claim.

COUNTRY	APPLICATION NUMBER	DATE OF FILING (month, day, year)	PRIORITY UNDER § 1	
CN	200310121340.1	December 12, 2003	[x] YES	NO[]
			[]YES	NO[]
			[]YES	NO[]
			[]YES	NO []

POWER OF ATTORNEY

I hereby appoint as my attorneys and/or patent agents all attorneys and/or patent agents listed under the following Customer Number, with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

022913

PATENT TRADEMARK OFFICE CUSTOMER NUMBER

All correspondence and telephonic communications should be directed to:

R. BURNS ISRAELSEN Registration No. 42,685 Telephone (801) 533-9800 Facsimile (801) 328-1707

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)4

NOTE: Carefully indicate the family (or last) name, as it should appear on the filing receipt and all other documents.

Full name of sole or f	irst joint inventor		
QI		GAO	
(GIVEN NAME) Inventor's signature	(MIDDLE INITIAL OR NAME – IF ANY)	FAMILY (OR LAST NAME)	
Date 06/02/2006		P.R. China	
Residence Beijing	g China		
	(city) (State or		
	Rm 2008, Block B, Bixing Yuan, Zhi	Chun Road, Haidian District,	
Beijing 100088, Chin	ia		
Full name of second j	joint inventor, if any		
(GIVEN NAME)	(MIDDLE INITIAL OR NAME – IF ANY)	FAMILY (OR LAST NAME)	
Inventor's signature			
Date	Country of Citizenship		
Residence			
	(city) (State or	Country)	
Mailing Address			
Inventor's signature	(MIDDLE INITIAL OR NAME – IF ANY)		
Date	Country of Citizenship		
Residence			
residence	(city) (State or	Country)	
Mailing Address			
		•	
Full name of fourth j	oint inventor, if any		
T	(MIDDLE INITIAL OR NAME – IF ANY)	FAMILY (OR LAST NAME)	
Date	Country of Citizenship		
Residence	Country of Listerioning		
Residence	(city) (State or Country)		
Mailing Address	failing Address		

INSTRUCTION SHEET FOR

COMBINED DECLARATION and POWER OF ATTORNEY

General. The attached document is designed to be completed and signed by each of the inventors for filling with a utility patent application, design patent application, or nationalizing a PCT application each in the United States.

Footnotes. The instructions listed below correspond to the footnotes in the document:

- The Attorney Docket No. references our internal docket number and is completed by Workman Nydegger upon receipt of the application.
- Insert the title of the invention.
- Mark Section (d) if the present application is not claiming priority to any other applications. Mark Section
 (e) if the present application claims priority to an earlier filed non-U.S. application.
- Complete both the "Residence" and "Mailing Address." At "Residence," insert only the city and state or country. A full address is not required. The "Mailing Address" need not be a residence address but can be any address, including a PO Box, where correspondence can be received.